

# **ANNUAL STATEMENT**

# FOR THE YEAR ENDING DECEMBER 31, 2011 OF THE CONDITION AND AFFAIRS OF THE

OmniCare Health Plan, Inc.

NAIC Group Code (Cur	1137	,1137 (Prior Period)	NAIC Company Co	ode 12193	Employer's ID Numbe	r20-1052897
Organized under the Laws of	of	Michigan		. State of Domicil	e or Port of Entry	Michigan
Country of Domicile		- 3		United States		
Licensed as business type:	Life, Accid	ent & Health [ ]	Property/Casua	alty[]	Hospital, Medical & Dental S	Service or Indemnity [ ]
	Dental Ser	vice Corporation [ ]	Vision Service	Corporation [ ]	Health Maintenance Organiz	zation [ X ]
	Other [ ]	,	Is HMO, Fede	rally Qualified? Y	es[]No[X]	
Incorporated/Organized		04/22/2004	Com	menced Business	s 10/01/	2004
Statutory Home Office		1333 Gratiot,			Detroit, MI 482	207
Statutory Florine Office		(Street and Nu			(City, State and Zip (	
Main Administrative Office				1333 Gratiot, St	te 400	
	Detroit, MI 4	8207		(Street and Num	ber) 313-465-1519	
	City, State and Z				(Area Code) (Telephone Number)	
Mail Address		333 Gratiot, Ste 400			Detroit, MI 48207	
Driver of Dealer	,	eet and Number or P.O. Box)		4000	(City, State and Zip Code)	
Primary Location of Books a	ind Records				Gratiot, Ste 400 eet and Number)	
	Detroit, MI 4				313-465-1519	
	City, State and Z	ip Code)		•	rea Code) (Telephone Number) (Extens	ion)
Internet Web Site Address				<u>omnicarehealthpl</u>	an.com	
Statutory Statement Contac	t	Kenyata J. Ro	ogers		313-465-1519 (Area Code) (Telephone Number	·) (Extension)
K	JRogers@c\	rty.com			313-465-1604	) (Extension)
	(E-Mail Addre	ess)			(Fax Number)	
			OFFICER	96		
Name		Title	OITICLI	Nam	ne	Title
		President and Chief	Executive			
Beverly Ann Allen John Joseph Ruhlma	, _	Officer Corporate Controller	9 Transurar	Kenyata Jami Timothy E		ef Financial Officer utive Vice President
John Joseph Kullina	······, _	•		-	inolali #,,	utive vice Fresident
Jonathan David Weinb	era	Assistant Secr	OTHER OFF	Melinda L.	Τιιοττο Δο	sistant Treasurer
Shirley R Smith	, <u>, , , , , , , , , , , , , , , , , , </u>	Secretary		Wellinda L.	,,	Sistant Treasurer
		DIRE	CTORS OR	TRUSTEES	}	
Beverly Ann Allen		William R. Ro	oney	Charmaine F	Romero #	Drew Joyce #
Ernestine Romero						
State of	Michigan	ss				
County of	Wayne					
above, all of the herein describ that this statement, together w liabilities and of the condition a and have been completed in ac may differ; or, (2) that state rulk knowledge and belief, respective	ed assets were the related eximal affairs of the cordance with es or regulation ely. Furtherm copy (exception)	e the absolute property on ibits, schedules and expine said reporting entity as the NAIC Annual Statemors require differences in one, the scope of this attent for formatting differences.	f the said reporting ent lanations therein conta of the reporting period ent Instructions and Ac- reporting not related to estation by the describe	ity, free and clear fi nined, annexed or a stated above, and counting Practices a accounting practic d officers also inclu	of said reporting entity, and that on rom any liens or claims thereon, e referred to, is a full and true state of its income and deductions ther and <i>Procedures</i> manual except to es and procedures, according to to udes the related corresponding ele statement. The electronic filing manual	xcept as herein stated, and ement of all the assets and efrom for the period ended, the extent that: (1) state law he best of their information, ectronic filing with the NAIC,
Beverly An	n Allen		Kenyata Jamilea			h Ruhimann
President and Chief	Executive O	micer	Chief Financial	Officer	Corporate Contr	oller & Treasurer
Subscribed and sworn to before me thisday of,				b. I 1 2	s this an original filing? f no: . State the amendment numbe . Date filed	Yes [ X ] No [ ]
Rochelle D. Jenkins Notary December 25, 2012	Public			3	. Number of pages attached	

Exhibit 2 - A&H Premiums Due and Unpaid NONE

Exhibit 3 - Health Care Receivables NONE

# **EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

Aging Analysis of Unpaid Claims											
1	2	3	4	5	6	7					
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total					
Claims Unpaid (Reported)											
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						L					
0.400000 L P. L.		Λ				ļ					
0199999 Individually listed claims unpaid		υ			0	L					
0299999 Aggregate accounts not individually listed-uncovered.	3,901,146	732,451	779,471	198,571	621,885	6,233,524					
0399999 Aggregate accounts not individually listed-covered						0,233,324					
0499999 Subtotals	3,901,146	732,451	779,471	198,571	621,885	6,233,524					
0599999 Unreported claims and other claim reserves						12,850,843					
0699999 Total amounts withheld						40.004.005					
0799999 Total claims unpaid						19,084,367					
0899999 Accrued medical incentive pool and bonus amounts						1,776,194					

# EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Adm	itted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
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		NONE					
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0199999 Individually listed receivables	0	0	ļ0	J	<b> </b> 0	0	ļ0
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	0	0	0	0	] 0	0	0

# **EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES**

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Coventry Health Care, Inc.	Administrative Expenses.	171,931	171,931	
0199999 Individually listed payables		171,931	171,931	0
0299999 Payables not individually listed				
0399999 Total gross payables		171,931	171,931	0

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
Medical groups	46 ,835 , 153	31.1	46,350	100.0		46 , 835 , 153
Intermediaries	3,939,801	2.6		0.0		
3. All other providers	1,238,299	8.0		0.0		1,238,299
4. Total capitation payments		34.5	46,350	100.0	0	52,013,253
Other Payments:						
5. Fee-for-service		11.6	xxx	XXX		17 , 475 , 397
Contractual fee payments		53 . 1	xxx	XXX	,	80,039,761
7. Bonus/withhold arrangements - fee-for-service		0.0	XXX	XXX		
Bonus/withhold arrangements - contractual fee payments	1,232,998	8.0	XXX	XXX		1,232,998
9. Non-contingent salaries	0	0.0	xxx	XXX		
10. Aggregate cost arrangements		0.0	xxx	XXX		
11. All other payments	0	0.0	xxx	XXX		<u> </u>
12. Total other payments	98,748,156	65.5	xxx	XXX	0	98,748,156
13. Total (Line 4 plus Line 12)	150,761,409	100 %	XXX	XXX	0	150,761,409

### **EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

	EXHIBIT 7-1 ART 2-30MMART OF TRANSACTIONS WITH INTERMEDIARIES											
1	2	3	4	5	6							
			Average		Intermediary's							
			Monthly	Intermediary's	Authorized							
NAIC Code	Name of Intermediary	Capitation Paid	Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC							
	Health Care Management Services	698,923		. ota. / tajaotoa oapita.	0011(101 20101 1120							
	Indial Transportation Management											
	Health Care Management Services  Medical Transportation Management  Joint Venture Hospital Laboratories	1,808,211	150,684									
	Joint venture Hospital Laboratories	1,432,667	119,389									
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					<b> </b>							
9999999 Totals		3,939,801	XXX	XXX	XXX							

# **EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED**

·	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment	320,601		274,592	46,009	46,009	
Medical furniture, equipment and fixtures						
Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	320,601	0	274,592	46,009	46,009	0



# **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

**REPORT FOR: 1. CORPORATION** OmniCare Health Plan, Inc.

VAIC Group Code 1137 BUSINESS IN THE STATE OF	Mishissa			DURING THE YEAR	0044			(LOCATION)	IC Company Code	12193
AIC Group Code 1137 BUSINESS IN THE STATE OF		Compret							' '	
	1	(Hospital &	Medical)	4	5	6	7	8	9	10
	Total	Individual Group	-	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	50,923	0							50,923	
2 First Quarter	50,090	225							49,865	
3 Second Quarter	48,154	356							47 ,798	
4. Third Quarter	47 , 246	507							46 ,739	
5. Current Year	46,350	492							45,858	
6 Current Year Member Months	581,933	4,672							577,261	
Total Member Ambulatory Encounters for Year:										
7. Physician	436,304	1,528							434,776	
8. Non-Physician	71,927	124							71,803	
9. Total	508,231	1,652	0	0	0	0	0	0	506,579	
10. Hospital Patient Days Incurred	30,452	10							30,442	
11. Number of Inpatient Admissions	6,754	4							6,750	
12. Health Premiums Written (b)	185,838,965	367,359							185 ,471 ,606	
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	185,838,965	367,359							185 , 471 , 606	
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	150 , 847 , 353	140,045							150 , 707 , 308	
18. Amount Incurred for Provision of Health Care Services	152,178,689	151,500							152,027,189	

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products
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<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .



# **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

AIC Group Code 1137 BUSINESS IN THE STATE OF	Connelidated			DURING THE YEAR	2011			(LOCATION)	IC Company Cod-	12193
AIC Group Code 1137 BUSINESS IN THE STATE OF	Consolidated	Comprel		DURING THE YEAR	2011		NAIC Company Code		12193	
	1	(Hospital &	k Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	50,923	0	0	0	0	0	0	0	50,923	
2 First Quarter	50,090	225	0	0	0	0	0	0	49,865	
3 Second Quarter	48,154	356	0	0	0	0	0	0	47 ,798	
4. Third Quarter	47,246	507	0	0	0	0	0	0	46,739	
5. Current Year	46,350	492	0	0	0	0	0	0	45,858	
6 Current Year Member Months	581,933	4,672	0	0	0	0	0	0	577,261	
Total Member Ambulatory Encounters for Year:										
7. Physician		1,528	0	0	0	0	0	0	434,776	
8. Non-Physician	71,927	124	0	0	0	0	0	0	71,803	
9. Total	508,231	1,652	0	0	0	0	0	0	506,579	
10. Hospital Patient Days Incurred	30,452	10	0	0	0	0	0	0	30,442	
11. Number of Inpatient Admissions	6,754	4	0	0	0	0	0	0	6,750	
12. Health Premiums Written (b)	185,838,965	367,359	0	0	0	0	0	0	185,471,606	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written		0	0	0	0	0	0	0	0	
15. Health Premiums Earned	185,838,965	367,359	0	0	0	0	0	0	185,471,606	
16. Property/Casualty Premiums Earned		0	0	0	0	0	0	0	0	
Amount Paid for Provision of Health Care Services	150 ,847 ,353	140,045	0	0	0	0	0	0	150 , 707 , 308	
18. Amount Incurred for Provision of Health Care Services	152,178,689	151,500	0	0	0	0	0	0	152,027,189	

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

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# **SCHEDULE S - PART 1 - SECTION 2**

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9 Pesenve Liability	10	11	12
NAIC Company	Federal ID			Domiciliary	Type of Reinsurance		Unearned	Reserve Liability Other Than For Unearned	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance	Funds Withheld
Company Code	Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Assumed	Premiums	Premiums	Premiums	and Unpaid Losses	Reserve	Under Coinsurance
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0999999	Total (Sum of 03	399999 and 0699	9999)			0	0	0	0	0	

# **SCHEDULE S - PART 2**

	Re	insurance Recover	able on Paid and Unpaid Losses Listed by Re	insuring Company as of December 31, Current 5	Year	
1 NAIC	2	3	4	5	6	7
Company Code	Federal ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Paid Losses	Unpaid Losses
Accident and Hea	alth - Affiliates	S - U.S. Affiliates	Coventry Health and Life, Deleware	Tile		284,358
01973	ident and Health	- Affiliates - U.S.	Affiliates	. 00	0	
1099999 - Acc	ident and Health	- Affiliates - Tota	I Affiliates		Ö	
1499999 - Acc	ident and Health	- Total Accident and	d Health		0	284,358
1599999 - Tota	al U.S. (Sum of O	199999, 0499999, 08	99999 and 1199999)		0	284,358
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1799999 To	otal (Sum of 079	9999 and 1499999	<del>,</del>	4	0	284,358
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3399999 Total (Sum of 1599999 and 3099999)

# **SCHEDULE S - PART 3 - SECTION 2**

			Rei	insurance Ceded Accident and Health Insu	rance Listed	d by Reinsuring Cor	npany as of Decemb	er 31, Current Year				
1	2	3	4	5	6	7	8	9	Outstanding :	Surplus Relief	12	13
NAIC								Reserve Credit	10	11	Modified	
Company	Federal ID			Domiciliary				Taken Other than for			Coinsurance	Funds Withheld
Code	Number	Effective Date	Name of Company	Jurisdiction	Type	Premiums	(Estimated)	Unearned Premiums	Current Year	Prior Year	Reserve	Under Coinsurance
General Ac	count - Authorize	d - Affiliates -	U.S. Affiliates									
81973	75-1296086	10/01/2004		US.	SSL/1/A	725,985						
0199999	- General Account	- Authorized - A	ffiliates - U.S. Affiliates			725,985	0	0	0	0	0	0
0399999	- General Account	- Authorized - A	ffiliates – Total Authorized Affiliates			725,985	0	0	0	0		0
0/99999	- General Account	- Authorized - I	otal General Account Authorized			725,985	0	0	0	0	Ů	0
			Account Authorized and Unauthorized	1.0000000)		725,985	0	0	0	0	0	0
3199999	- 10tal U.S. (SUM	01 0199999, 0499	999, 0899999, 1199999, 1699999, 1999999, 2399999	and 2699999)		725,985	U	0	0	Ü	0	U
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# **SCHEDULE S - PART 4**

Reinsurance	Cadad	Tallna	.thorinod	Composico
Reinsurance	Ceded	TO Unai	urnorizea	Companies

							Reinsurance Ceded	10 Onaathonzot								
									Le	tter of Cred	it Issuing or Bank (a)					
1	2	3	4	5	6	7	8	9		Confirming	Bank (a)	13	14	15	16	17
'	-	] 3	7	] 3	'	1	0	9		Commining	Darik (a)	- 13	14	13	10	1 17
									10	11	12					
									American							
					Paid				Bankers							
					and				Association				Funds Deposited			Sum of Cols
NAIC	Fodoral			Reserve				Lottoro	(ABA)	Letter of			by and		Missellanseus	9+13+14+15+16
	Federal				Unpaid Losses	0.11		Letters	(ABA)	Letter of			by and Withheld from		iviiscellaneous	9+13+14+15+16
Company	ID	Effective		Credit	Recoverable	Other	Total	of	Routing	Credit	Bank	Trust	Withheld from		Balances	But Not in
Code	Number	Date	Name of Reinsurer	Taken	(Debit)	Debits	(Cols. 5+6+7)	Credit	Number	Code	Name	Agreements	Reinsurers	Other	(Credit)	Excess of Col. 8
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2599999	Total (Sum o	f 1599999 a	and 2299999)	0	0	0	0	0	XXX	XXX	ХХХ	0	0	0	0	0
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(a)	Code	American Bankers Association (ABA) Routing Number	Bank Name

## ${\bf OMNI\ ANNUAL\ STATEMENT\ FOR\ THE\ YEAR\ 2011\ OF\ THE\ OmniCare\ Health\ Plan,\ Inc.}$

# Schedule S - Part 5

Five-Year Exhibit of Reinsurance Ceded Business (000 Omitted)

		1	Omitted) 2	3	4	5
		2011	2010	2009	2008	2007
A.	OPERATIONS ITEMS					
1	Premiums	3	0	0	0	0
٠.						
2.	Title XVIII-Medicare	0	0	0	0	[0
3.	Title XIX-Medicaid.	723	1,055	1 , 103	1 , 139	1 , 159
4.	Commissions and reinsurance expense allowance		0	0	0	0
5.	Total hospital and medical expenses		0	0	0	0
R	BALANCE SHEET ITEMS					
٥.	DALANGE GILLET HEIMO					
6.	Premiums receivable		0	0	0	]0
7.	Claims payable		0	0	0	0
8.	Reinsurance recoverable on paid losses	0	493	532	470	387
9.	Experience rating refunds due or unpaid		0	0	0	0
10.						
	unpaid		0	0	0	0
11.	Unauthorized reinsurance offset	0	0	0	0	0
	UNAUTHORIZED REINSURANCE (DEPOSITS BY AND					
	FUNDS WITHHELD FROM)					
12.	Funds deposited by and withheld from (F)	0	0	0	0	0
13.	Letters of credit (L)	0	0	0	0	0
14.	Trust agreements (T)	0	0	0	0	C
	Other (O)	0	0	0	0	

# **SCHEDULE S - PART 6**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	48,035,130		48,035,130
2.	Accident and health premiums due and unpaid (Line 15)			0
3.	Amounts recoverable from reinsurers (Line 16.1)			0
4.	Net credit for ceded reinsurance	XXX	284,358	284,358
5.	All other admitted assets (Balance)	. 951,732		951,732
6.	Total assets (Line 28)	48,986,862	284,358	49,271,220
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	18,800,007	284,358	19,084,365
8.	Accrued medical incentive pool and bonus payments (Line 2)	1,776,194		1,776,194
9.	Premiums received in advance (Line 8)	350,954		350,954
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19)	0		0
11.	Reinsurance in unauthorized companies (Line 20)	0		0
12.	All other liabilities (Balance)	2,174,457		2,174,457
13.	Total liabilities (Line 24)	23,101,612	284,358	23,385,970
14.	Total capital and surplus (Line 33)	25,885,250	XXX	25,885,250
15.	Total liabilities, capital and surplus (Line 34)	48,986,862	284,358	49,271,220
	NET CREDIT FOR CEDED REINSURANCE			
16.	Claims unpaid	284,358		
17.	Accrued medical incentive pool.	0		
18.	Premiums received in advance	0		
19.	Reinsurance recoverable on paid losses	0		
20.	Other ceded reinsurance recoverables	. 0		
21.	Total ceded reinsurance recoverables	. 284,358		
22.	Premiums receivable	0		
23.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
24.	Unauthorized reinsurance	0		
25.	Other ceded reinsurance payables/offsets	. 0		
26.	Total ceded reinsurance payables/offsets	. 0		
27.	Total net credit for ceded reinsurance	284,358		

# SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

					isiness Only		
States, Etc.		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama			-				
2. Alaska	AK						
3. Arizona	AZ						
4. Arkansas	AR						
5. California							
6. Colorado	CO						
7. Connecticut	CT						
8. Delaware							
9. District of Columbia	DC						
10. Florida	FL						
11. Georgia	GA						
12. Hawaii	HI						
13. Idaho	ID						
14. Illinois	IL						
15. Indiana	JN						
16. lowa	JA						
17. Kansas							
18. Kentucky							
19. Louisiana	LA	•					
20. Maine				•••••			
21. Maryland							
•							-
22. Massachusetts							
23. Michigan							
	MN						
25. Mississippi							
26. Missouri			<u>  </u>				
27. Montana	TM						
28. Nebraska	NE		NOINL				
29. Nevada	NV						
30. New Hampshire	NH						
31. New Jersey	NJ						
32. New Mexico	NM						
33. New York	NY						
34. North Carolina	NC						
35. North Dakota	ND						
36. Ohio	OH						
37. Oklahoma							
38. Oregon							
39. Pennsylvania							
40. Rhode Island				•••••			
41. South Carolina					-	1	·
42. South Dakota					-	1	·
43. Tennessee	TN						
44. Texas	TX		-			·	-
45. Utah			·[			·	· <del> </del>
46. Vermont	VT		-			-	-
47. Virginia							
48. Washington							
49. West Virginia							
50. Wisconsin						ļ	
51. Wyoming							.
52. American Samoa	AS						
53. Guam							
54. Puerto Rico							
55. U.S. Virgin Islands							
56. Northern Mariana Islands							
57. Canada							
58. Aggregate Other Alien							
		0	1			0	·

# SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	FART IA - DETAIL OF INSUI							INSURANCE NOLDING COMPANT STSTEM							
Company   Comp	1	2	3	4	5	6	Securities	8	9	10	11	Type of Control (Ownership,			15
2017   Oracle   Plant   Plan			Company	ID			Publicly Traded (U.S. or	Parent Subsidiaries		Reporting		Management, Attorney-in-Fact,	Ownership Provide	Controlling Entity(ies)/	
Coverty Petatric Face   Inc.   Coverty Petatric Face   Inc.					RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Person(s)	*
Coverity Fearman Name   Services In Int. Core of Delaware, Unit Orace of Del	01137	OmniCare Health Plan, Inc	. 12193	20 - 1052897						LIDD					.
Services   New   Coverant   Services   New   Coverant   Services   New								Coverty Health Care Inc	DE	UDP					-
Coverting Near House Force   DE   A Coverting Near House Force   DE   A Coverting Near House Force   DE   A Coverting Near House Force   DE   DE   DE   DE   DE   DE   DE   D								Coventry Financial Mgmt	חר	NIIA	Covertey Health Care Inc	Ownershin	100.0		1
Delayarry   Pearl Care   Co.   Descript   Pearl Care   Co.   Descript   Delay   Dela								Covertry Health Care of	DE	N I A	Coventry Hearth Care Inc	Ownership	100.0		
Covertry Health Care of Seagle, Inc.   Seagle, In									ne ne	1.6	Coventry Health Care Inc	Ownerchin	100 0		
Cergin inc.   SA.   M.   Covertry Health Care Inc.   SA.   M.   Covertry Health Care Inc.   SA.   SA.   SA.   Covertry Health Care Inc.   SA.											looventry hearth care mc	Owner 3111P	100.0		
Group Central Services   Inc.   MD.   MIA   Covertry Health Care   Inc.   Coverant   Months									GΔ	IΔ	Coventry Health Care Inc	Ownershin	100 0		1
Coventry Heal In Care of PA In Coventry Heal In Care Inc. Demorship. 100.0											Coventry Health Care Inc				
Pennsylvania, In Covertry Health Care In Covertry He											looventry hearth care me	0 milor 3111 p			
Covertry Neath Care of Low, 10.0									PA	IA	Coventry Health Care Inc	Ownership	100 0		1
Inc.   A   A   Coventry Health Care Inc.   Coventry Heal											loovonery modrem out o mo	0 milor orrip			1
Coventry Health Care of Nebrasses, Inc.   NE   IA   Coventry Health Care Inc.   Ownership   100.0									LA	IA	Coventry Health Care Inc.	Ownership	100.0		
Mebraskà, Inc.   NE   IA   Coventry Health Care Inc.   Owership.								Coventry Health Care of							
Covertry Health Care of   LA   A   Covertry Health Care inc   Owership   100.0	1								NE	IA	Coventry Health Care Inc	Ownership	100.0		J'
Louisiana, Inc.   LA   LA   Coventry Health Care Inc.   Ownership   100.0								Coventry Health Care of			, ,				1
Healt Mesurance Pennsylvania Inc.   PA									LA	I A	Coventry Health Care Inc	Ownership	100.0		.
Heal Ith Assurance Pennsyl vania, Inc.   Inc.   Inc.   Ownership   100.0								HealthAmerica Pennsylvania Inc.			Coventry Health Care Inc	Ownership			.
Coventry Peacription Mgmt   Stross, Inc.   NV   NIA   Coventry Health Care Inc.   Ownership   100.0								HealthAssurance Pennsylvania,	İ		•	·			'
Srvs. in.   NV   NIA   Coventry Health Care Inc.   Ownership.   100.0									PA	IA	Coventry Health Care Inc	Ownership	100.0		.
Coventry Health & Life   Insurance Company   DE   IA   Coventry Health Care Inc   Ownership   100.0											•	,			1
Insurance Company									NV	NIA	Coventry Health Care Inc	Ownership	100.0		.
Group Health Plain of Delaware, LLC   DE   NIA   Coventry Health Care Inc.   Ownership   100.0								Coventry Health & Life							1
LLC								Insurance Company	DE	.  I A	Coventry Health Care Inc	Ownership	100.0		.
Southern Health Services, Inc.															1
Coventry Transplant Network, Inc.   DE									DE		Coventry Health Care Inc		100.0		.
Inc.   DE									VA	. IA	Coventry Health Care Inc	Ownership	100.0		.
Coventry Health Care of   Missouri   Inc.   M0.   IA.   Coventry Health Care Inc.   Ownership.   100.0									DE.	NII A	0	O	400.0		
Missouri, Inc.   MO.   IA.   Coventry Health Care Inc.   Ownership.   100.0     HealthCare Inc.   Mo.   IA.   Coventry Health Care Inc.   Ownership.   100.0     Coventry Management Services, Inc.   PA.   NIA   Coventry Health Care Inc.   Ownership.   100.0     Carel ink Health Plans, Inc.   WV.   IA.   Coventry Health Care Inc.   Ownership.   100.0     Mel Plath Select, Inc.   NC.   IA.   Coventry Health Care Inc.   Ownership.   100.0     Well Plath Select, Inc.   NC.   IA.   Coventry Health Care Inc.   Ownership.   100.0     Well Plath Governor Health Care Mgmt Corp.   DE.   NIA   Coventry Health Care Inc.   Ownership.   100.0     Coventry Health Care Mgmt Corp.   DE.   NIA   Coventry Health Care Inc.   Ownership.   100.0     Coventry Health Care of Texas, Inc.   TX.   IA.   Coventry Health Care Inc.   Ownership.   100.0     Coventry Health Care of Kansas, Inc.   TX.   IA.   Coventry Health Care Inc.   Ownership.   100.0     Coventry Health Gare of Kansas, Inc.   NS.   IA.   Coventry Health Care Inc.   Ownership.   100.0     Inc.   KS.   IA.   Coventry Health Care Inc.   Ownership.   100.0     Inc.   KS.   IA.   Coventry Health Care Inc.   Ownership.   100.0     Inc.   KS.   IA.   Coventry Health Care Inc.   Ownership.   100.0     Inc.   I									DE	NIA	Coventry Health Care Inc	Ownership	100.0		.
HealthCare USA of Missouri, LLC   MO   IA   Coventry Health Care Inc   Ownership   100.0									MO	1.4	Coverates Health Core Inc	O	100.0		
Coventry Management Services, Inc. PA NIA Coventry Health Care Inc. Ownership 100.0 Carelink Health Plans, Inc. WV 1A Coventry Health Care Inc. Ownership 100.0 WellPath Select, Inc. NC 1A Coventry Health Care Inc. Ownership 100.0 WellPath Select, Inc. NC 1A Coventry Health Care Inc. Ownership 100.0 WellPath of South Carolina, Inc. SC 1A Coventry Health Care Inc. Ownership 100.0 Coventry Health Care Momt Corp. DE NIA Coventry Health Care Inc. Ownership 100.0 Coventry Health Care of Texas, Inc. TX 1A Coventry Health Care Inc. Ownership 100.0 Coventry Health Care of Kansas, Inc. KS. IA Coventry Health Care Inc. Ownership 100.0 First Health Group Corp. DE NIA Coventry Health Care Inc. Ownership 100.0 Melled Second Sec								MISSOUTI, INC			Coventry Health Care Inc				-{
Inc									IVIU		coventry Hearth Care Inc	ownership	100.0		
Carelink Health Plans, Inc. MV IA. Coventry Health Care Inc. Ownership. 100.0  WellPath Select, Inc. NC. IA. Coventry Health Care Inc. Ownership. 100.0  Wellpath of South Carolina, Inc. SC. IA. Coventry Health Care Inc. Ownership. 100.0  Coventry Health Care Mgmt Corp. DE. NIA. Coventry Health Care Inc. Ownership. 100.0  Coventry Health Care of Texas, Inc. TX. IA. Coventry Health Care Inc. Ownership. 100.0  Coventry Health Care of Kansas, Inc. St. IA. Coventry Health Care Inc. Ownership. 100.0  Coventry Health Care of Kansas, Inc. KS. IA. Coventry Health Care Inc. Ownership. 100.0  First Health Group Corp. DE. NIA. Coventry Health Care Inc. Ownership. 100.0  First Health Group Corp. DE. NIA. Coventry Health Care Inc. Ownership. 100.0  MMNet Specialty Services, LLC. MD. NIA. Coventry Health Care Inc. Ownership. 100.0  Altitus Health Plans, Inc. UT. IA. Coventry Health Care Inc. Ownership. 100.0  HealthAssurance Financial Services, Inc. UT. IA. Coventry Health Care Inc. Ownership. 100.0  HealthCare USA of Tennessee.									DΛ	NIIA	Coventry Health Care Inc	Ownerchin	100.0		1
WellPath Select, Inc.   NC.   IA   Coventry Health Care Inc.   Ownership.   100.0			1						WV		Coventry Health Care Inc				
Wellpath of South Carolina, Inc.   SC   IA   Coventry Health Care Inc   Ownership.   100.0											Coventry Health Care Inc				
Inc. SC. IA. Coventry Health Care Inc. Ownership. 100.0 Coventry Health Care of Texas, Inc. TX. IA. Coventry Health Care Inc. Ownership. 100.0 Coventry Health Care of Kansas, Inc. KS. IA. Coventry Health Care Inc. Ownership. 100.0 Coventry Health Group Corp. DE. NIA. Coventry Health Care Inc. Ownership. 100.0 MHNet Specialty Services, LLC. MD. NIA. Coventry Health Care Inc. Ownership. 100.0 MHNet Specialty Services, LLC. MD. NIA. Coventry Health Care Inc. Ownership. 100.0 Altius Health Plans, Inc. UT. IA. Coventry Health Care Inc. Ownership. 100.0 HealthAssurance Financial Services, Inc. DE. NIA. Coventry Health Care Inc. Ownership. 100.0 HealthCare USA of Tennessee.			1				1		1		overting hearth care inc	οπιιοι σιτιμ			
Coventry Health Care Mgmt Corp. DE NIA Coventry Health Care Inc. Ownership. 100.0  Coventry Health Care of Texas, Inc. TX. IA. Coventry Health Care Inc. Ownership. 100.0  Coventry Health Care of Kansas, Inc. KS. IA. Coventry Health Care Inc. Ownership. 100.0  First Health Group Corp. DE NIA Coventry Health Care Inc. Ownership. 100.0  MHNet Specialty Services, LLC. MD. NIA Coventry Health Care Inc. Ownership. 100.0  MHNet Specialty Services, LLC. MD. NIA Coventry Health Care Inc. Ownership. 100.0  Altius Health Plans, Inc. UT IA. Coventry Health Care Inc. Ownership. 100.0  HealthAssurance Financial  Services, Inc. DE NIA Coventry Health Care Inc. Ownership. 100.0  HealthCare USA of Tennessee.	1 1		1						SC	IA	Coventry Health Care Inc	Ownership	100 0		1 '
Coventry Health Care of Texas, Inc.  TX. IA Coventry Health Care Inc. Ownership. 100.0  Coventry Health Care of Kansas, Inc.  First Health Group Corp. DE NIA Coventry Health Care Inc. Ownership. 100.0  MHNet Specialty Services, LLC. MD. NIA Coventry Health Care Inc. Ownership. 100.0  Altius Health Plans, Inc. UT IA Coventry Health Care Inc. Ownership. 100.0  HealthAssurance Financial Services, Inc. DE NIA Coventry Health Care Inc. Ownership. 100.0  HealthCare Financial Services Inc. DE NIA Coventry Health Care Inc. Ownership. 100.0  HealthCare USA of Tennessee.											Coventry Health Care Inc				
Inc. TX IA Coventry Health Care Inc. Ownership. 100.0  Coventry Health Care of Kansas, Inc. Inc. First Health Group Corp. DE NIA Coventry Health Care Inc. Ownership. 100.0  MHNet Specialty Services, LLC. MD NIA Coventry Health Care Inc. Ownership. 100.0  Altius Health Plans, Inc. UT IA Coventry Health Care Inc. Ownership. 100.0  Altius Health Plans, Inc. UT IA Coventry Health Care Inc. Ownership. 100.0  Health Services, Inc. DE NIA Coventry Health Care Inc. Ownership. 100.0  Health Care USA of Tennessee.			1					Coventry Health Care of Texas	1		loovoitty hourth out of mo	0 0111 p			
Coventry Health Care of Kansas, Inc. KS IA Coventry Health Care Inc. Ownership. 100.0 First Health Group Corp. DE NIA Coventry Health Care Inc. Ownership. 100.0 MHNet Specialty Services, LLC. MD. NIA Coventry Health Care Inc. Ownership. 100.0 Altius Health Plans, Inc. UT IA Coventry Health Care Inc. Ownership. 100.0 Health Care Inc. Ownership. 100.0 Health Care Inc. Ownership. 100.0 Health Care USA of Tennessee.	1		1						TX	IA	Coventry Health Care Inc	Ownership	100 0		,
Inc. KS IA Coventry Health Care Inc. Ownership. 100.0 First Health Group Corp. DE NIA Coventry Health Care Inc. Ownership. 100.0 MHNet Specialty Services, LLC MD. NIA Coventry Health Care Inc. Ownership. 100.0 Altius Health Plans, Inc. UT IA Coventry Health Care Inc. Ownership. 100.0 HealthAssurance Financial Services, Inc. DE NIA Coventry Health Care Inc. Ownership. 100.0 HealthCare USA of Tennessee.			1						]		land the months				
First Health Group Corp. DE NIA Coventry Health Care Inc. Ownership. 100.0  MHNet Specialty Services, LLC. MD NIA Coventry Health Care Inc. Ownership. 100.0  Altius Health Plans, Inc. UT IA Coventry Health Care Inc. Ownership. 100.0  HealthAssurance Financial Services, Inc. DE NIA Coventry Health Care Inc. Ownership. 100.0  HealthCare Inc. Ownership. 100.0  HealthCare Inc. Ownership. 100.0									KS	IA	Coventry Health Care Inc.	Ownership	100.0		
MHNet Specialty Services, LLC. MD. NIA. Coventry Health Care Inc. Ownership. 100.0  Altius Health Plans, Inc. UT. IA. Coventry Health Care Inc. Ownership. 100.0  HealthAssurance Financial Services, Inc. DE. NIA. Coventry Health Care Inc. Ownership. 100.0  HealthCare USA of Tennessee.			]						DE		Coventry Health Care Inc.				J <sup>,</sup>
Altius Health Plans, Inc			]					MHNet Specialty Services. LLC			Coventry Health Care Inc.				
HealthAssurance Financial Services, Inc								Altius Health Plans, Inc			Coventry Health Care Inc				
Services, Inc								HealthAssurance Financial			•				
HealthCare USA of Tennessee.	[].								DE	NIA	Coventry Health Care Inc	Ownership	100.0		.
LLC. TN NIA Coventry Health Care Inc. Ownership. 100.0								HealthCare USA of Tennessee,			•	'			'
			<u> </u>					LLC	TN	NIA	Coventry Health Care Inc	Ownership	100.0		<u>. </u>

# SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

			1 71		DEIAI	_ 0:0	OITAITOL HOLD		JOINI A					
1 1	2	3	4	5	6	7 Name of	8	9	10	11	12 Type of Control	13	14	15
						Securities					(Ownership,			
						Exchange if					Board,	If Control is	Ultimate	
		NAIC	Federal			Publicly	Name of		Relationship to		Management,	Ownership	Controlling	
Group		Company	ID	Federal		Traded (U.S. or	Parent Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Entity(ies)/	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Person(s)	*
						,	CHC Causalty Risk Retention			,	,	J	(4)	
							Group, Inc.	VT	IA	Coventry Health Care Inc	Ownership	100.0		
							Coventry Health Care of							
							Illinois. Inc.	IL	IA	Coventry Health Care Inc	Ownership.	100.0		
							CHC National Accounts, Inc.	DE	NIA.	Coventry Health Care Inc	Ownership.	100.0		
							CHC National Network. Inc.	DE	NIA	Coventry Health Care Inc	Ownership	100.0		
							CHC Workers' Compensation, Inc.	DE	NIA	Coventry Health Care Inc	Ownership	100.0		
							Florida Health Plan			l	0 #1101 3111 p	100.0		
							Administrators. LLC	FI	NIA	Coventry Health Care Inc	Ownership.	100.0		
							Coventry Consumer Advantage,			Coveritry hearth care inc	Owner Strip	100.0		-
							Inc	DE	NIA	Coventry Health Care Inc	Ownership	100.0		
							First Script Network Services,	DE		Coveritry nearth care inc	Ownership	100.0		
								NIV/	ALL A	Cavantav Haalth Cana Inc	Ownership	100 0		
							Inc.	NV	NIA	Coventry Health Care Inc		100.0		
							MetraComp, Inc.	CT	NIA	Coventry Health Care Inc	Ownership	100.0		
							Medical Examinations of NY,					400.0		
							P.G	NY	NIA	Coventry Health Care Inc	Ownership	100.0		
							FOCUS Healthcare Management,			L				
								TN.	NIA	Coventry Health Care Inc	Ownership	100.0		
							Coventry Ind. Medical Exam of							
							TX, PA	ТХ	NIA	Coventry Health Care Inc	Ownership	100.0		
							First Health Life & Health Ins							
							Co	TX	IA	Coventry Health Care Inc	Ownership	100.0		
							First Health Strategies, Inc	DE	NIA	Coventry Health Care Inc	Ownership	100.0		
							Claims Administration Corp	MD	NIA	Coventry Health Care Inc	Ownership	100.0		
							Cambridge Life Insurance Co	MO		Coventry Health Care Inc	Ownership	100.0		
							Coventry Health Care of							
							Florida, Inc	FL		Coventry Health Care Inc	Ownership	100.0		
							Coventry Health Plan of				,			
							Florida, Inc.	FL		Coventry Health Care Inc	Ownership	100.0		
							Coventry Summit Health Plan,							
l							Inc.	FL	I A	Coventry Health Care Inc	Ownership	100.0		
							Carefree Insurance Services.			,				
							Inc.	FL	NIA	Coventry Health Care Inc	Ownership.	100.0		
							Group Dental Services of			]				
		1			1		Maryland, Inc.	MD	IA	Coventry Health Care Inc	Ownership.	100.0		
							Mental Health Network of New		1/3		1			
							York IPA. Inc	NY	NIA	Coventry Health Care Inc	Ownership	100.0		
					1		MHNet Life and Health Insurance							
							Company	ТХ	IA	Coventry Health Care Inc	Ownership.	100.0		
		1			1		Mental HeatTh Associates, Inc	LA	NIA	Coventry Health Care Inc	Ownership	100.0		
							MHNet of Florida, Inc	FI	NIA	Coventry Health Care Inc	Ownership	100.0		
							I milinet of Frontua, IIIc	I L		l covenitry hearth care inc	0#1161 9111h	100.0		1
						1								1

Asterisk	Fundamental
i Asterisk	EXDIA[IAIIO]

## 4

# **SCHEDULE Y**

## PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

		_		_				_	l			13
1	2	3	4	5	6	7	8	9	10	11	12	Ì
					Purchases, Sales or	Income/ (Disbursements)						Reinsurance
					Exchanges of	Incurred in						Recoverable/
					Loans, Securities,	Connection with		Income/		Any Other Material		(Payable) on
					Real	Guarantees or		(Disbursements)		Activity Not in the		Losses and/or
NAIC					Estate, Mortgage	Undertakings for the	Management	Incurred Under		Ordinary Course of		Reserve
Company	Federal ID		Shareholder	Capital	Loans or Other	Benefit of any	Agreements and	Reinsurance		the Insurer's		Credit
Code	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
		Coventry Health Care Inc.	490,125,000	9,809,400			492,541,596	0		(91,421)	992,384,574	0
	51-0406894	Coventry Financial Mgmt Services, Inc	(3,950,000)	0			3,904,166	0			(45,834)	0
96460	51-0293139	Coventry Health Care of Delaware, Inc.	(19,000,000)	0			(20, 188, 814)	(2,489,608)	ļ		(41,678,421)	1,309,451
	51-0353639	Coventry Health Care of Georgia, Inc	(8,250,000)	3,500,000			(41,069,809)	(2,141,443)			(47,961,252)	2,285,944
	52-1801446	Group Dental Services, Inc.	0	0			13,990,511	0				0
95241	42-1244752	Coventry Health Care of Iowa, Inc.	(6,000,000)	0			(12,624,350)	(2,138,577)			(20, 762, 927)	1,218,833
95925	42-1308659	Coventry Health Care of Nebraska, Inc.	0	9,500,000			(11,004,386)	(1,890,194)			(3,394,579)	3,180,973
95283	51-0353638	Coventry Health Care of Pennsylvania, In	0	0		ļ	(45,055)	0		ļļ.	(45,055)	0
95173	74-2381406	Coventry Health Care of Louisiana, Inc	(5,600,000)	0			(16,351,534)	(432,755)			(22,384,290)	1,345,598
		HealthAmerica Pennsylvania Inc	(36,000,000)	0			(16,094,613)	(1,248,520)			(53, 343, 133)	1,502,545
11102	23-2366731	HealthAssurance Pennsylvania, Inc	(30,000,000)	5,000,000			(129, 145, 732)	(7,844,252)			(161,989,983)	5,782,024
		Coventry Prescription Mgmt Services, Inc	(120,000,000)	18, 190, 600			(118,503,615)	0	ļ		(220,313,015)	,0
81973	75-1296086	Coventry Health & Life Insurance Company	(50,000,000)	(105,000,000)			(239,830,528)	39,018,207			(355,812,322)	(32,668,407)
	26-3525878	Group Health Plan of Delaware, LLC	(5,750,000)	0			0	0			(5,750,000)	,0
96555		Southern Health Services, Inc.	(30,000,000)	0			(22,563,030)	(2,112,523)			(54,675,552)	1,113,263
	01-0646056	Coventry Transplant Network, Inc		0			(116,386)	0			(116,386)	,0
96377		Coventry Health Care of Missouri, Inc	(36,000,000)	0			(34, 131, 345)	(498, 302)			(70, 629, 647)	1,021,440
95318	43-1702094	HealthCare USA of Missouri, LLC	(15,000,000)	24,000,000			(51,493,933)	(9,669,048)			(52 , 162 , 982)	2,237,546
95489	48-0840330	Coventry Health Care of Kansas, Inc	(37,000,000)	24,000,000			(37,230,123)	(668,485)			(50,898,609)	2,315,304
	25-1794529	Coventry Management Services, Inc.	0	0			716,943,268	0			716,943,268	0
95408	55-0712129	Carelink Health Plans, Inc.	(9,000,000)	0			(20, 326, 482)	(1,260,612)		ļ	(30,587,094)	1,081,135
		WellPath Select, Inc.	(10,000,000)	0		ļ	(27, 259, 297)	(1,765,218)		ļ	(39,024,515)	2,177,008
		WellPath of South Carolina, Inc.	0	0		ļ	(80,116)	0		ļ	(80,116)	0
	62-1411933	Coventry Health Care Mgmt Corp	0	10,000,000			(17,041,635)	0		ļ	(7,041,635)	0
		Coventry Health Care of Texas.	0	1,000,000			50,841	0	ļ		1,050,841	, <u>0</u>
74400	20-1736437	First Health Group Corp	0	0			(19,501,367)	0	ļ		(19,501,367)	0
	37 - 1241037	Coventry Health Care of Illinois, Inc.	(30,000,000)	0			(28,738,481)	(1,839,399)			(60,577,881)	1,561,662
12193	20 - 1052897	OmniCare Health Plan, Inc.	(3,500,000)	0			(10,367,078)	(811,929)			(14,679,006)	284,358
95407	87 -0345631	Altius Health Plans, Inc	(14,000,000)	0			(44,450,596)	(1,245,661)			(59,696,256)	729,904
		HealthAssurance Financial Services, Inc.	(10,450,000)	0			7,084,496	0			(3,365,504)	
44504		HealthCare USA of Tennessee, LLC	0	0			56			· <del> </del>	56	0
	02-0639951	CHC Casualty Risk Retention Group, Inc	U	0			7,696,337	0		· <del> </del>	7,696,337	U
	26 - 1582982	MHNet Specialty Services, LLC.	(10,625,000)	0			75,797,881	0	ļ	· <del> </del>	65,172,881	
	20-8070994	CHC National Accounts, Inc.	U	D			(19,454,026)		ļ	·	(19,454,026)	U
		CHC National Network, Inc	0	<u>0</u>			391	0	ļ	<del> </del>	391	
		CHC Workers' Compensation, Inc	U	U		ł	(96,848,397) 70,206,576		·	· <del> </del>	(96,848,397) 60,206,576	U
		Coventry Consumer Advantage, Inc.	<u>0</u>	(10,000,000)		ł	70,206,576	0	ļ	+		U
90328	38-2242132	First Health Life & Health Ins Co.			ļ	<del> </del>	(105,865,072)	(92,091)		<del> </del>	(105,957,163)	3,257
	87 - 0443226	First Health Strategies, Inc	 N		·	<del> </del>	209	(92,091) n	·····	†	(105,957,163)	3,257
						l	(43,472,928)	 N	·	·	(43,472,928)	 N
81000		Claims Administration Corp Cambridge Life Insurance Co				·	(43,472,928)	0	·····	91.421	(43,472,928)	
0 1000	/ O = 143   3   3	Cambridge Life insurance co		U	ļ	<b></b>	<b></b> (1,294,900)	LD	ļ	91,421 [	(1,203,479)	

# **SCHEDULE Y**

# PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6 Purchases, Sales or Exchanges of	7 Income/ (Disbursements) Incurred in	8	9	10	11	12	13  Reinsurance Recoverable/
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Loans, Securities, Real	Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements		Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	(Payable) on Losses and/or Reserve Credit Taken/(Liability)
	20-4096903	First Script Network Services, Inc.	0	0			(58,880,799)	0			(58,880,799)	
	06-1095987	MetraComp, Inc	0	0			840	0			840	0
	74-2879984	Medical Examinations of NY, P.C.	0	0			(2,525,655)	0			(2,525,655)	0
	62-1266888	FOCUS Healthcare Management, Inc.	0	0			(1,014,410)	0			(1,014,410)	
95114	26-2516000 65-0986441	Coventry Health Core of Florida, Inc.	0	10,000,000			(488,237) (62,855,536)	0			(488,237)	2,075,937
95266	65-0453436	Coventry Ind. Medical Exam of TX, PA. Coventry Health Care of Florida, Inc. Coventry Health Plan of Florida, Inc.		000,000,00			(35,521,495)	(2,512,061)	·		(33,230,182)	540,047
10771	20-1976986	Coventry Summit Healthplan, Inc.	 n	 N			(39,286,824)	(648,843)			(39,935,667)	902 , 180
1911 1	59-3750548	Carefree Insurance Services, Inc.	0	0			(39,200,024)	(040,043)			(18,000)	
	37-1448790	Mental Health Network of New York IPA	0	0			(109,918)	0			(109,918)	0
12509	20-2516317J	MHNet Life and Health Insurance Company.	0	0			215,896	0			215.896	0
	72-1106596J	Mental HeatIh Associates. Inc.	0	0			1,723,880	0			1.723.880	0
	20-4276336	MHNet of Florida, Inc	0	0			(853,633)	0		ļ	(853,633)	0
95846	52-2056201	Group Dental Services of Maryland, Inc	0	0			(3,508,894)	0			(3,508,894)	0
										<del> </del>		
							• • • • • • • • • • • • • • • • • • • •					• • • • • • • • • • • • • • • • • • • •

#### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

	MARCH FILING	Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES
	APRIL FILING	
5.		YES
6.		YES
7.		YES
	JUNE FILING	VEO
8.		YES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?  AUGUST FILING	YES
10.		YES
which t		e will be printed below. If
11	MARCH FILING  Will the Medicare Supplement Insurance Experience Exhibit he filed with the state of demicile and the NAIC by March 12	N0
11. 12.	•	NONO
13.	••	NO
14.		NO
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement	NO
16.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	N0
18.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	N0
19.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
20.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?	N0
	APRIL FILING	
21.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	N0
22.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	N0
23.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	NO
24.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	N0
25.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	N0
	AUGUST FILING	
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO
Explar	nation:	
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		

20.

#### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

21 22 23 24 25 OmniCare is not subject to the Model Audit Rule due to the fact that 2010 premiums are less than \$500 million. OmniCare used 2010 premiums to determine internal control testing in 2011 Bar code: 13 15 20 21 

# **OVERFLOW PAGE FOR WRITE-INS**

M002 Additional Aggregate Lines for Page 02 Line 25.

*ASSE	TS -	Assets

		2	3	4
	1			
			Net Admitted	
		Nonadmitted	Assets	Net Admitted
	Assets	Assets	(Cols. 1 − 2)	Assets
2504. Other	1,690		1,690	0
2597. Summary of remaining write-ins for Line 25 from Page 2	1,690	0	1,690	0

## **ALPHABETICAL INDEX**

#### ANNUAL STATEMENT BLANK

Analysis of Operations By Lines of Business	/
Assets	2
Cash Flow	6
Exhibit 1 – Enrollment By Product Type for Health Business Only	17
Exhibit 2 – Accident and Health Premiums Due and Unpaid	18
Exhibit 3 – Health Care Receivables	19
Exhibit 4 – Claims Unpaid and Incentive Pool, Withhold and Bonus	20
Exhibit 5 – Amounts Due From Parent, Subsidiaries and Affiliates	21
Exhibit 6 – Amounts Due To Parent, Subsidiaries and Affiliates	22
Exhibit 7 – Part 1 – Summary of Transactions With Providers	23
Exhibit 7 – Part 2 – Summary of Transactions With Intermediaries	23
Exhibit 8 – Furniture, Equipment and Supplies Owned	24
Exhibit of Capital Gains (Losses)	15
Exhibit of Net Investment Income	15
Exhibit of Nonadmitted Assets	16
Exhibit of Premiums, Enrollment and Utilization (State Page)	29
Five-Year Historical Data	28
General Interrogatories	26
Jurat Page	1
Liabilities, Capital and Surplus	3
Notes To Financial Statements	25
Overflow Page For Write-ins	42
Schedule A – Part 1	E01
Schedule A – Part 2	E02
Schedule A – Part 3	E03
Schedule A – Verification Between Years	SI02
Schedule B – Part 1	E04
Schedule B – Part 2	E05
Schedule B – Part 3	E06
Schedule B – Verification Between Years	SI02
Schedule BA – Part 1	E07
Schedule BA – Part 2	E08
Schedule BA – Part 3	E09
Schedule BA – Verification Between Years	SI03
Schedule D – Part 1	E10

## **ALPHABETICAL INDEX**

#### ANNUAL STATEMENT BLANK (Continued)

Schedule D – Part 1A – Section 1	SI05
Schedule D – Part 1A – Section 2	SI08
Schedule D – Part 2 – Section 1	E11
Schedule D – Part 2 – Section 2	E12
Schedule D – Part 3	E13
Schedule D – Part 4	E14
Schedule D – Part 5	E15
Schedule D – Part 6 – Section 1	E16
Schedule D – Part 6 – Section 2	E16
Schedule D – Summary By Country	SI04
Schedule D – Verification Between Years	SI03
Schedule DA – Part 1	E17
Schedule DA –Verification Between Years	SI10
Schedule DB – Part A – Section 1	E18
Schedule DB – Part A – Section 2	E19
Schedule DB – Part A – Verification Between Years	SI11
Schedule DB – Part B – Section 1	E20
Schedule DB – Part B – Section 2	E21
Schedule DB – Part B – Verification Between Years	SI11
Schedule DB – Part C – Section 1	SI12
Schedule DB – Part C – Section 2	SI13
Schedule DB – Part D	E22
Schedule DB – Verification	SI14
Schedule DL – Part 1	E23
Schedule DL – Part 2	E24
Schedule E – Part 1 – Cash	E25
Schedule E – Part 2 – Cash Equivalents	E26
Schedule E – Part 3 – Special Deposits	E27
Schedule E – Verification Between Years	SI15
Schedule S – Part 1 – Section 2	30
Schedule S – Part 2	31
Schedule S – Part 3 – Section 2	32
Schedule S – Part 4	33
Schedule S – Part 5	34
Schedule S – Part 6	35
Schedule T – Part 2 – Interstate Compact	37
Schedule T – Premiums and Other Considerations	36
Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group	38
Schedule Y- Part 1A - Detail of Insurance Holding Company System	39
Schedule Y – Part 2 – Summary of Insurer's Transactions With Any Affiliates	40
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01

## **ALPHABETICAL INDEX**

#### ANNUAL STATEMENT BLANK (Continued)

Supplemental Exhibits and Schedules Interrogatories	41
Underwriting and Investment Exhibit – Part 1	8
Underwriting and Investment Exhibit – Part 2	9
Underwriting and Investment Exhibit – Part 2A	10
Underwriting and Investment Exhibit – Part 2B	11
Underwriting and Investment Exhibit – Part 2C	12
Underwriting and Investment Exhibit – Part 2D	13
Underwriting and Investment Exhibit – Part 3	14